

# The Health of US Primary Care: 2024 Scorecard Report

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*Policy Studies in Family Medicine and Primary Care*



# Disclosures

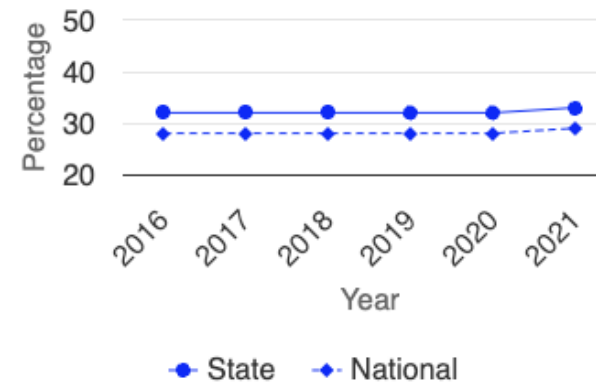
- The Scorecard was funded by the Milbank Memorial Fund and the Physicians foundations

# Find the report and data dashboard on milbank.org and graham-center.org

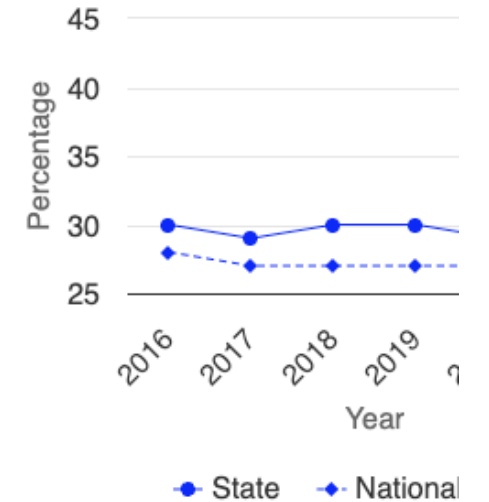


## Workforce

Percentage of Physicians, Nurse Practitioners, and Physician Assistants Combined Working in Primary Care in Montana (2016 - 2021)



Percentage of Primary Care Physicians Working in Primary Care in Montana (2016 - 2021)



# Opinion | The shrinking number of primary-care physicians is reaching a tipping point

By Elisabeth Rosenthal  
September 5, 2023 at 8:34 a.m. EDT



# Primary care saves lives. Here's why it's failing Americans.



By Frances Stead Sellers

October 17, 2023 at 6:00 a.m. EDT



## Why you can't get in to see your primary care doctor. 'It's almost frightening.'

A wave of retirements, growing patient demand, and changing patterns of well visits are behind the crunch.

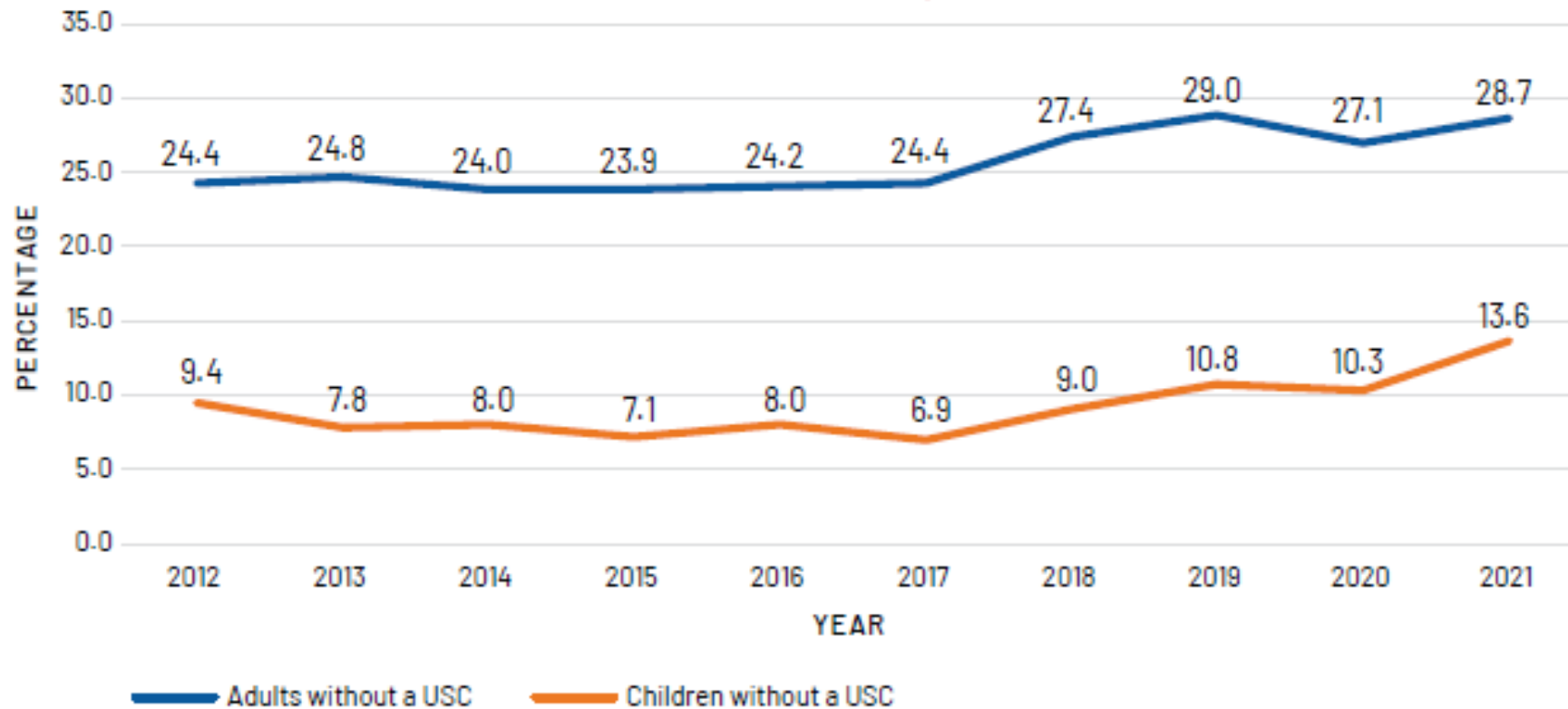
By Jessica Bartlett Globe Staff, Updated February 5, 2023, 4:28 p.m.

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# Population Needs Are Not Being Met

Figure 1. The Percentage of the US Population Without a Usual Source of Care Is Rising (2012-2021)



Data Source: Analyses of Medical Expenditure Panel Survey data, 2012-2021.

Notes: Usual source of care (USC) ascertained whether that is a particular doctor's office, clinic, health center, or other place where the individual usually goes when sick or in need of health advice. No usual source of care includes those who reported no usual source of care and those who indicated the emergency department as their usual source of care.

# No One Can See You Now



1. The primary care workforce is not growing fast enough to meet population needs



2. The number of trainees who enter and stay on the professional pathway to primary care is too low and too few have community-based training



3. The United States continues to underinvest in primary care



4. Technology has become an added burden to primary care

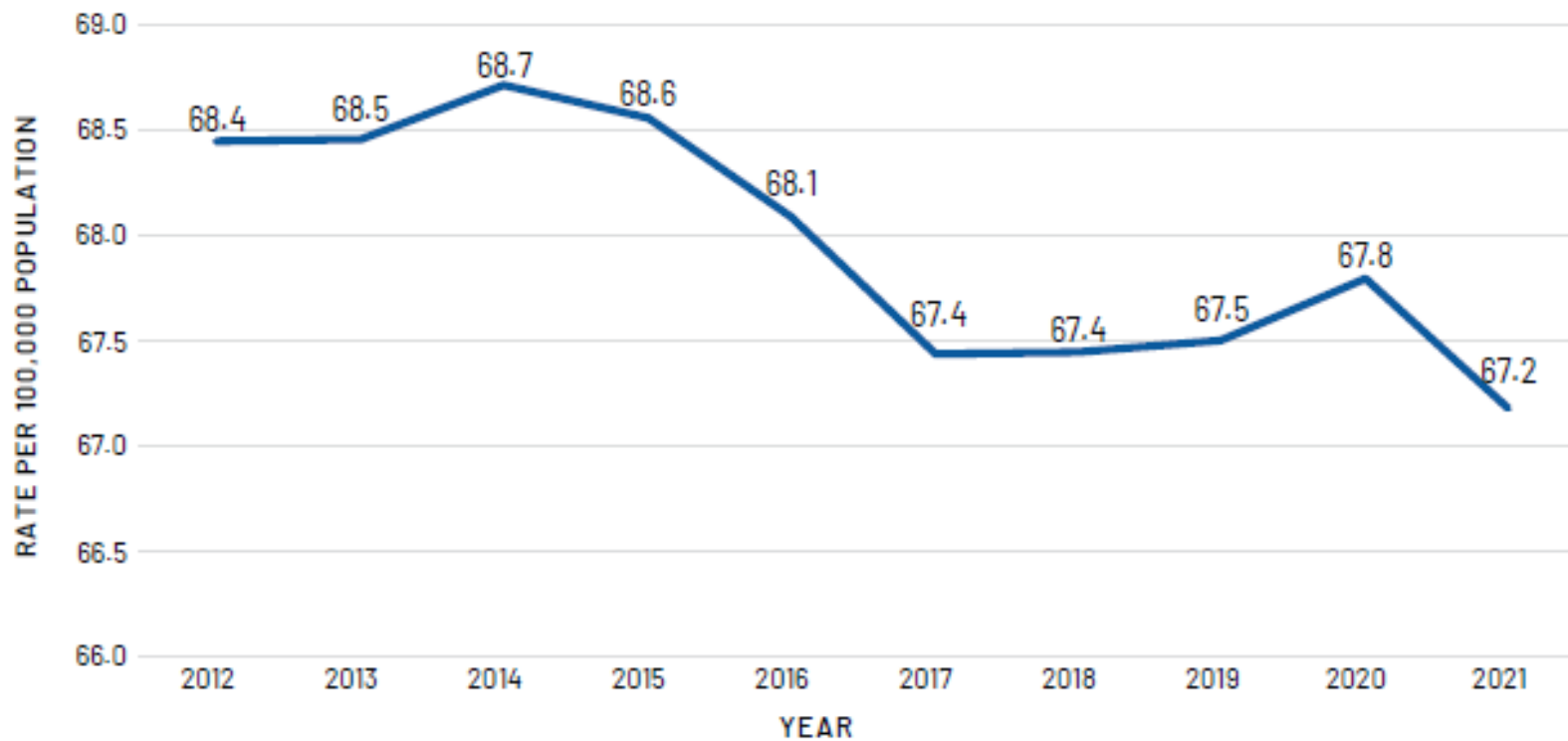


5. Primary care research to identify, implement and track novel care delivery and payment solutions is lacking



# Workforce- National

Figure 2. The Number of Primary Care Physicians per Capita Is Falling (2012–2021)



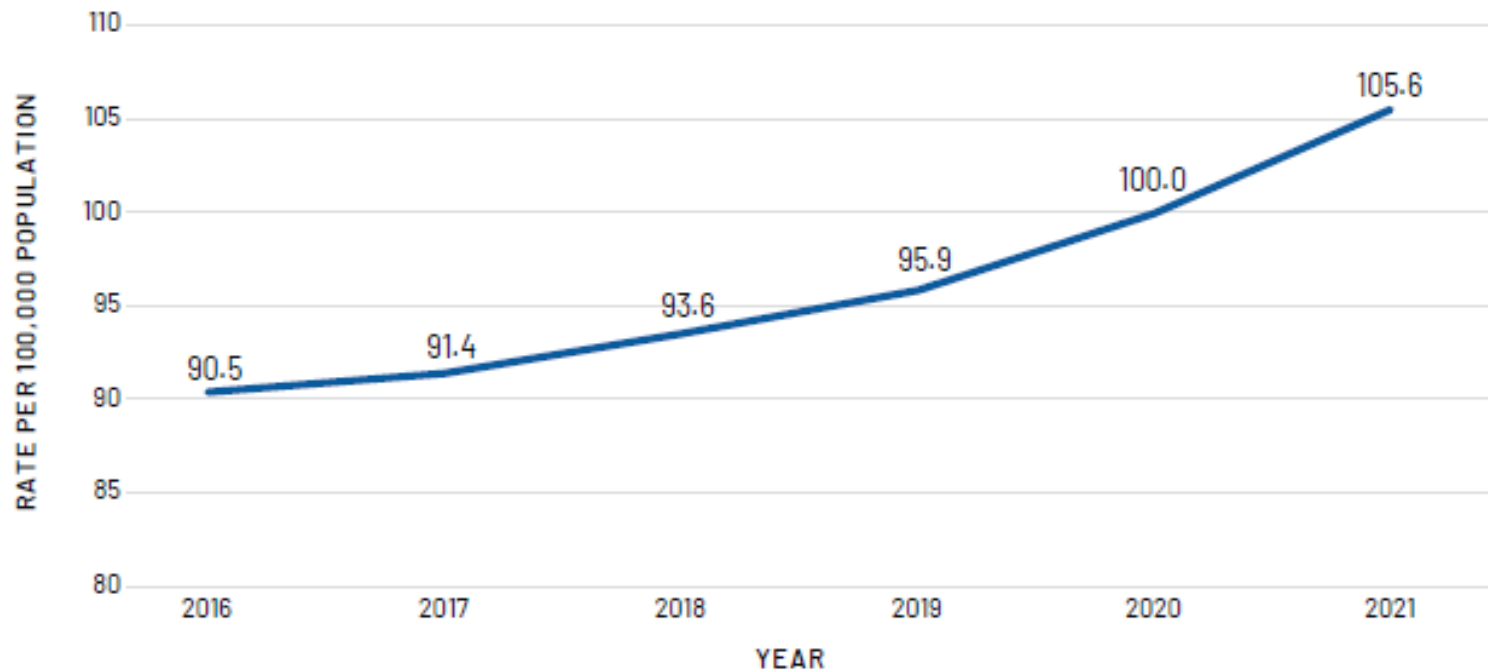
Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

# Workforce- National



**Figure 3. The Number of Primary Care Clinicians (Physicians/NPs/PAs) per Capita Is Rising (2016–2021)**



Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

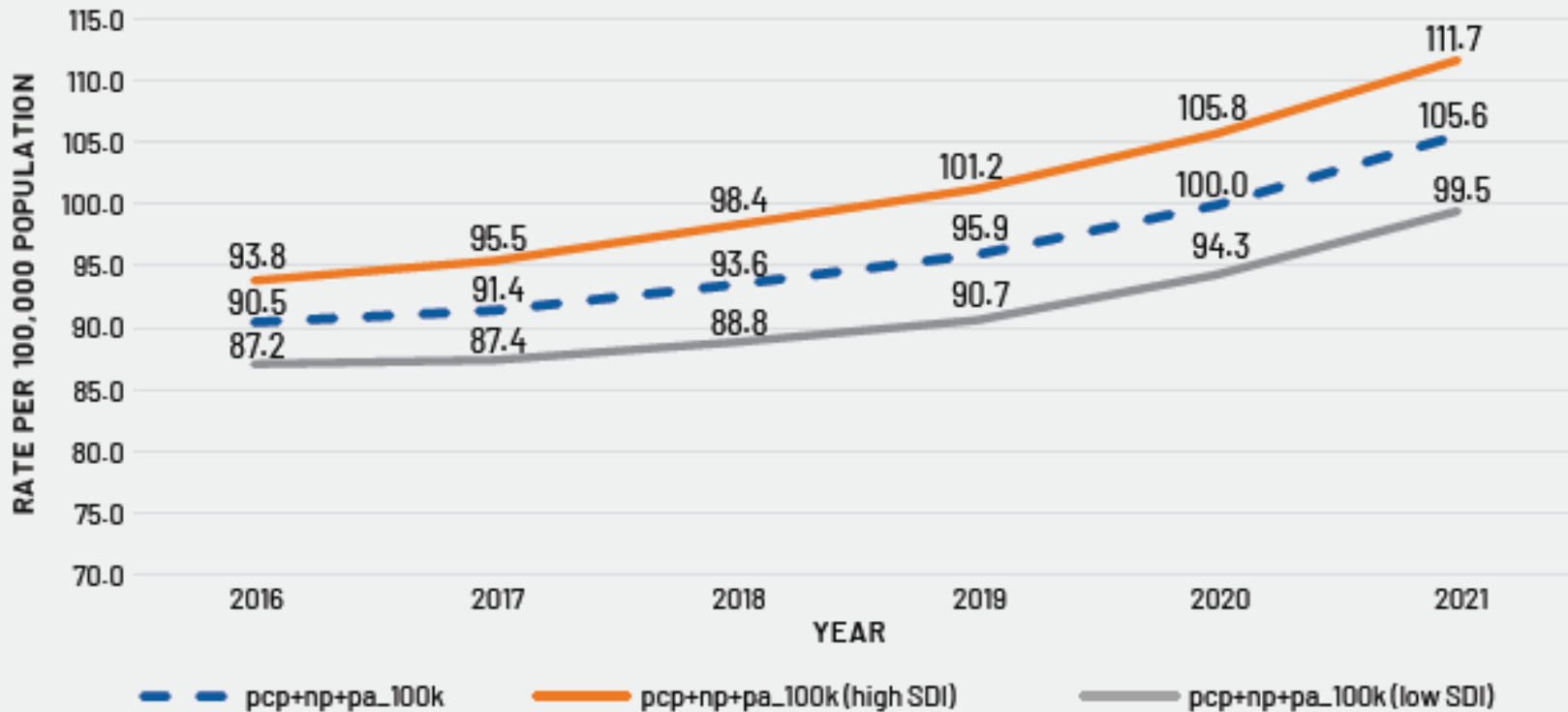
Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were calculated and are included in this figure. (See Appendix for detailed methodology.)



# Workforce- National

Figure 5. Primary Care Clinician Density Is Highest in High-Need Areas (2016-2021)

● Canada

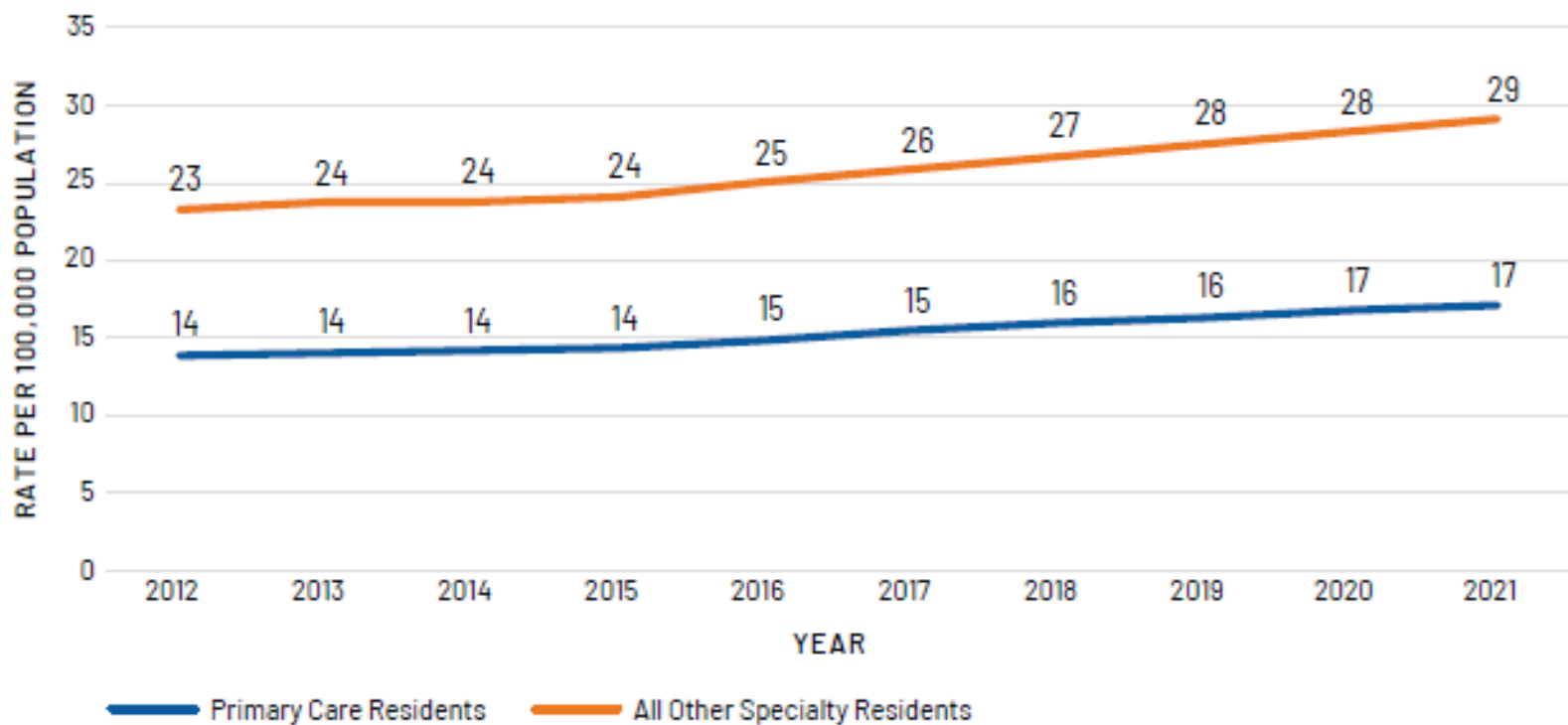


Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), Robert Graham Center Social Deprivation Index (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were derived and are included in this figure. (See Appendix for detailed methodology.)

# Training- National

Figure 6. Growth in the Number of Primary Care Residents per Capita | Is Not Keeping Pace with Other Specialties (2012–2021)

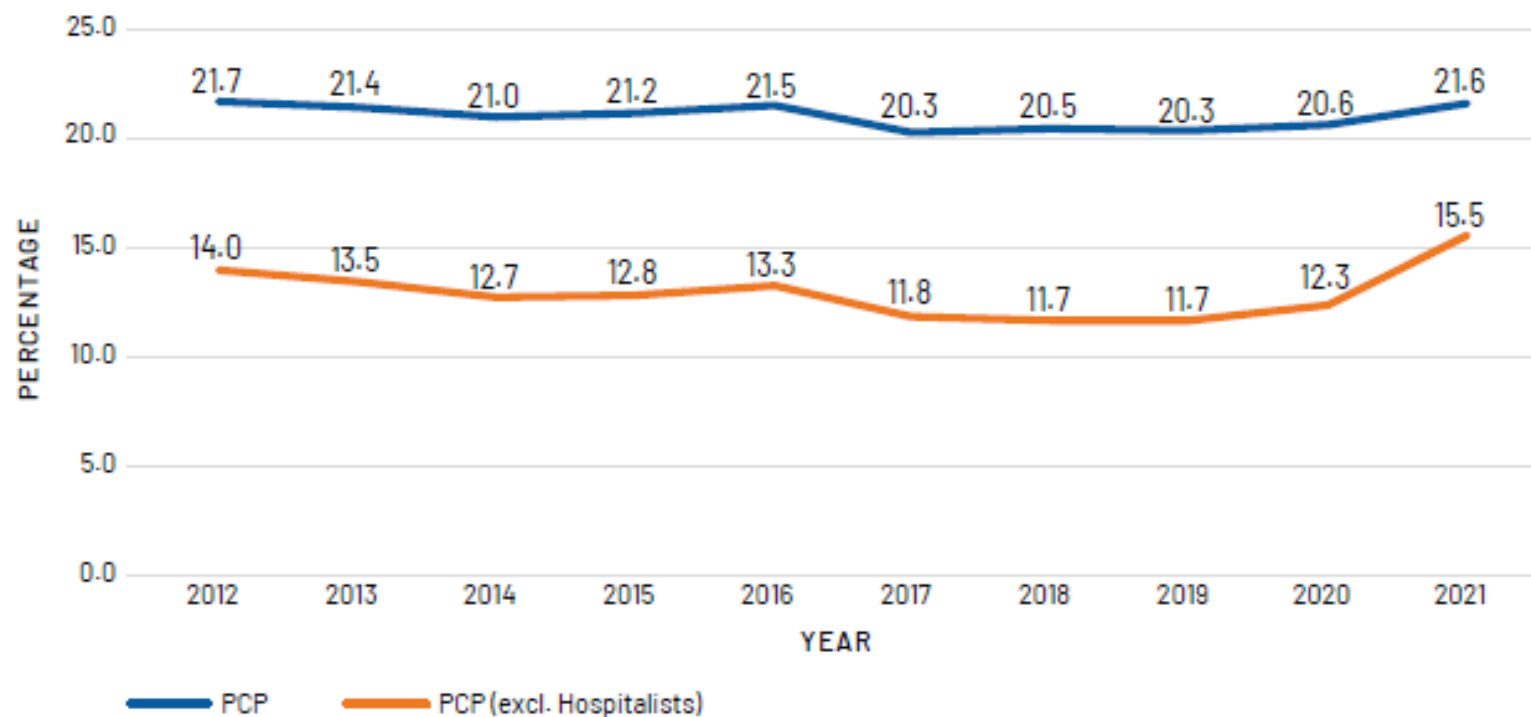


Data Source: Analyses of Accredited Council of Graduate Medical Education program-level data to get counts for medical residents and Area Health Resource File for the population data, 2012–2021.

Notes: Primary care specialties included family medicine, internal medicine, geriatrics, and pediatrics.

# Training- National

Figure 7. Only 15% of Physicians Actually Entered Primary Care Practice in 2021



Data Source: Analyses of the 2023 American Medical Association Historical Residency File, the 2023 American Medical Association Masterfile, and the 2012–2021 Centers for Medicare and Medicaid Services Physician and Other Practitioners data.

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics. Specialty for doctors of osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details.)

# Payment

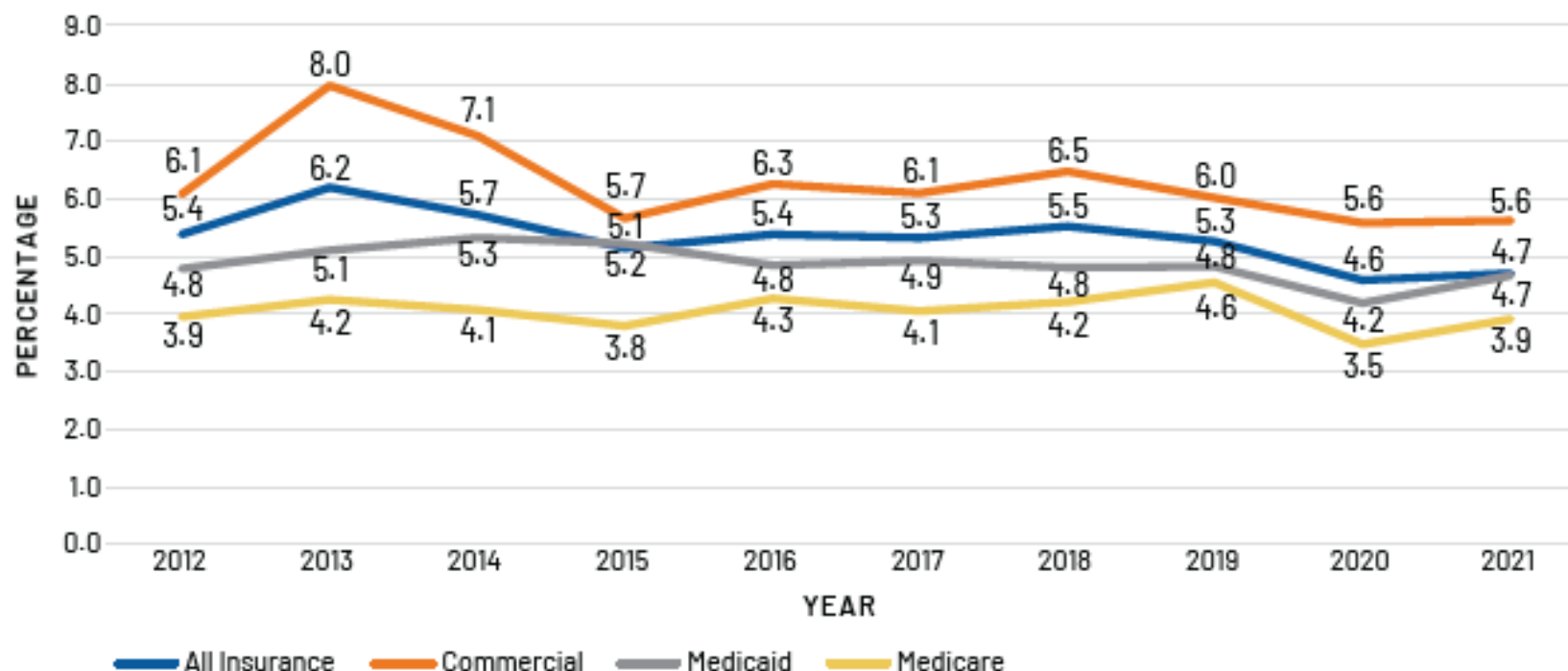
Data Source: MEPS

Definitions: Primary Care Spend (calculated for the US and 29 states)

- Primary Care Spend Narrow – Primary care physicians (family physicians, general practitioners, pediatricians, geriatricians, internists)
- Primary Care Spend Broad – Primary care physicians, nurse practitioners, physician assistants, psychiatrists, mental health non-physicians and OB-GYNs

# Payment

**Figure 9. Primary Care Spending (Narrow Definition) Remains Low Across All Insurers (2012-2021)**

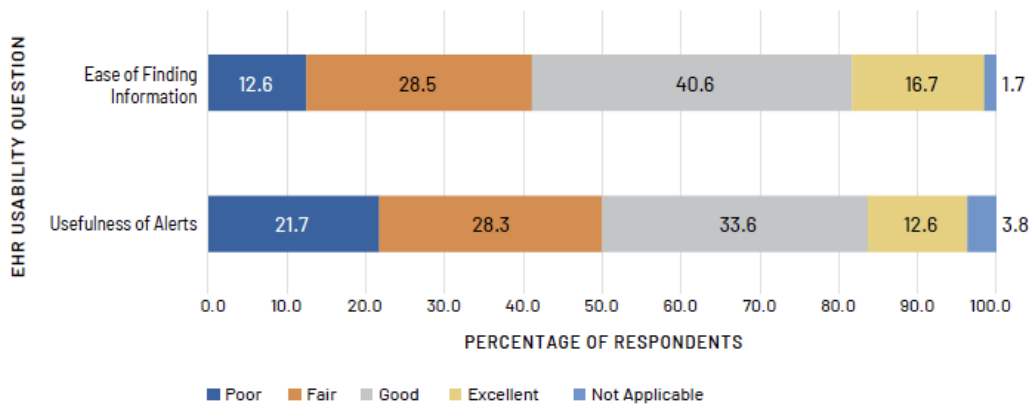


Data Source: Analyses of Medical Expenditure Panel Survey data, 2012–2021.

Notes: The primary care narrow definition is restricted to primary care physicians only. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

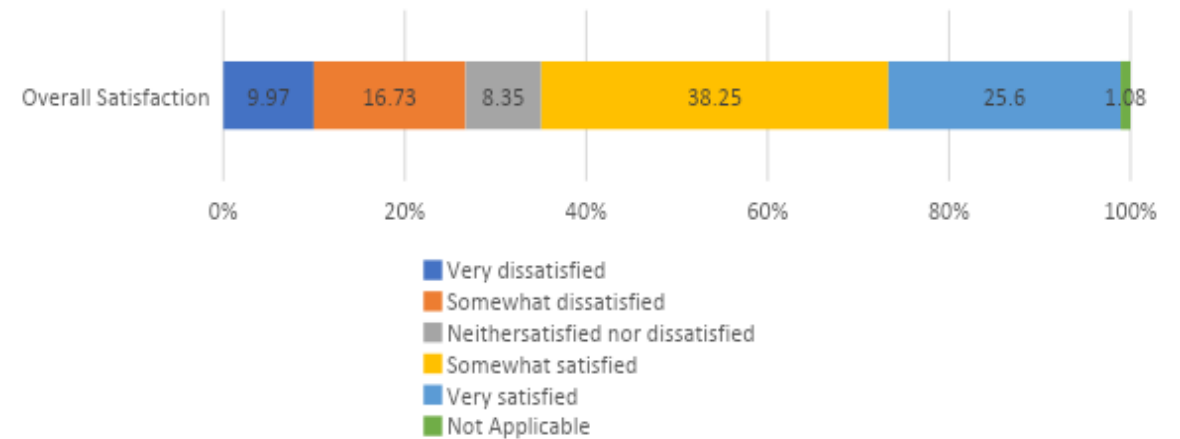
# Digital Health

Figure 10. Nearly Half of Family Physicians Rate EHR Usability Poor or Fair in 2022



Data Source: American Board of Family Medicine recertification exam, 2022  
 Notes: A total of 2,117 respondents completed the EHR usability questions.<sup>74</sup>

Figure 10- More Than One-Third of Family Physicians Were Not Satisfied with Their EHR

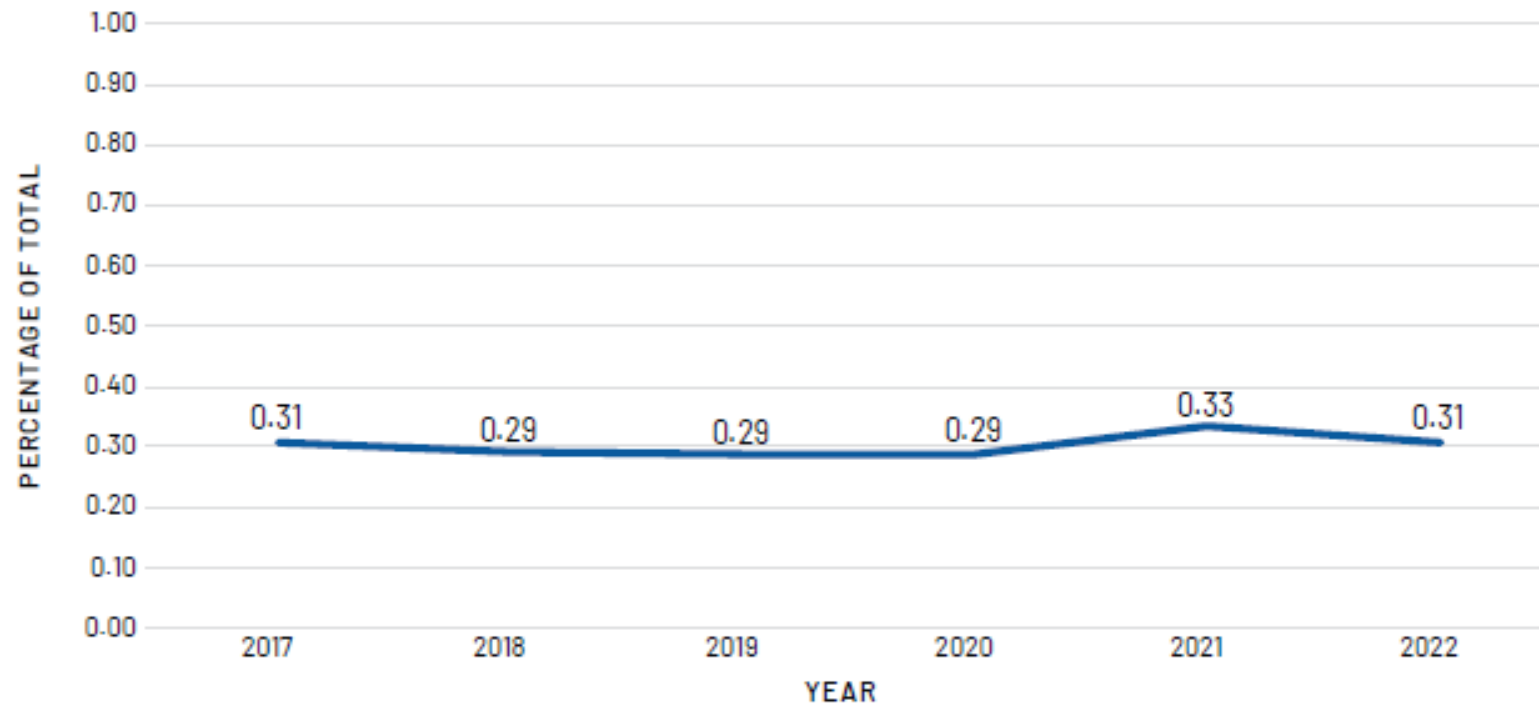


Data Source: Analyses of 4,261 family physicians who sought continuing certification from American Board of Family Medicine during 2022 and who reported providing direct patient care.

Notes: A total of 2,117 respondents completed the EHR Usability questions. <sup>66</sup>

# Research

**Figure 12. Federal Research Investment in Primary Care Was Nearly Nonexistent (2017–2022)**



Data Source: NIH RePORTER, 2017–2022.

Notes: Federal investment includes spending from the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the Food and Drug Administration. Funding given to family medicine departments was used as a proxy for funding to primary care.



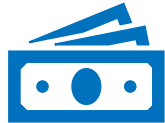
# Why Can't Anyone See You Now?



Insufficient  
workforce



Not enough  
trainees choosing  
primary care



Lack of  
investment to  
support teams

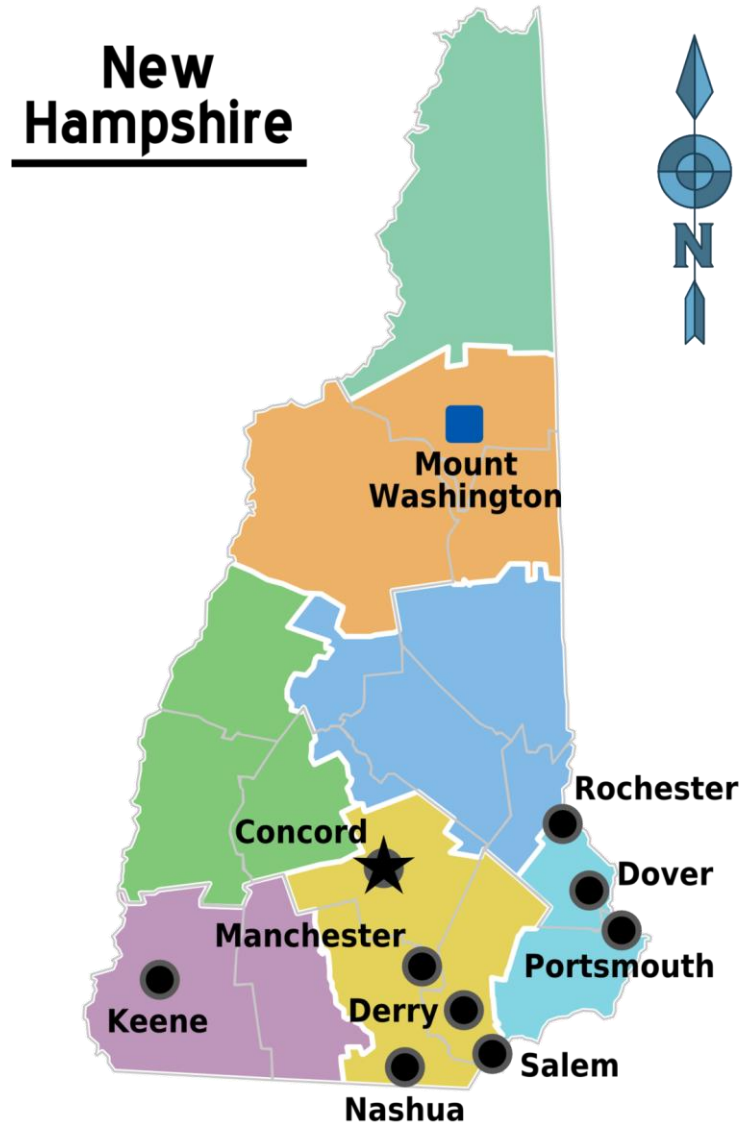


Digital health that  
adds to workload  
instead of  
supporting  
primary care

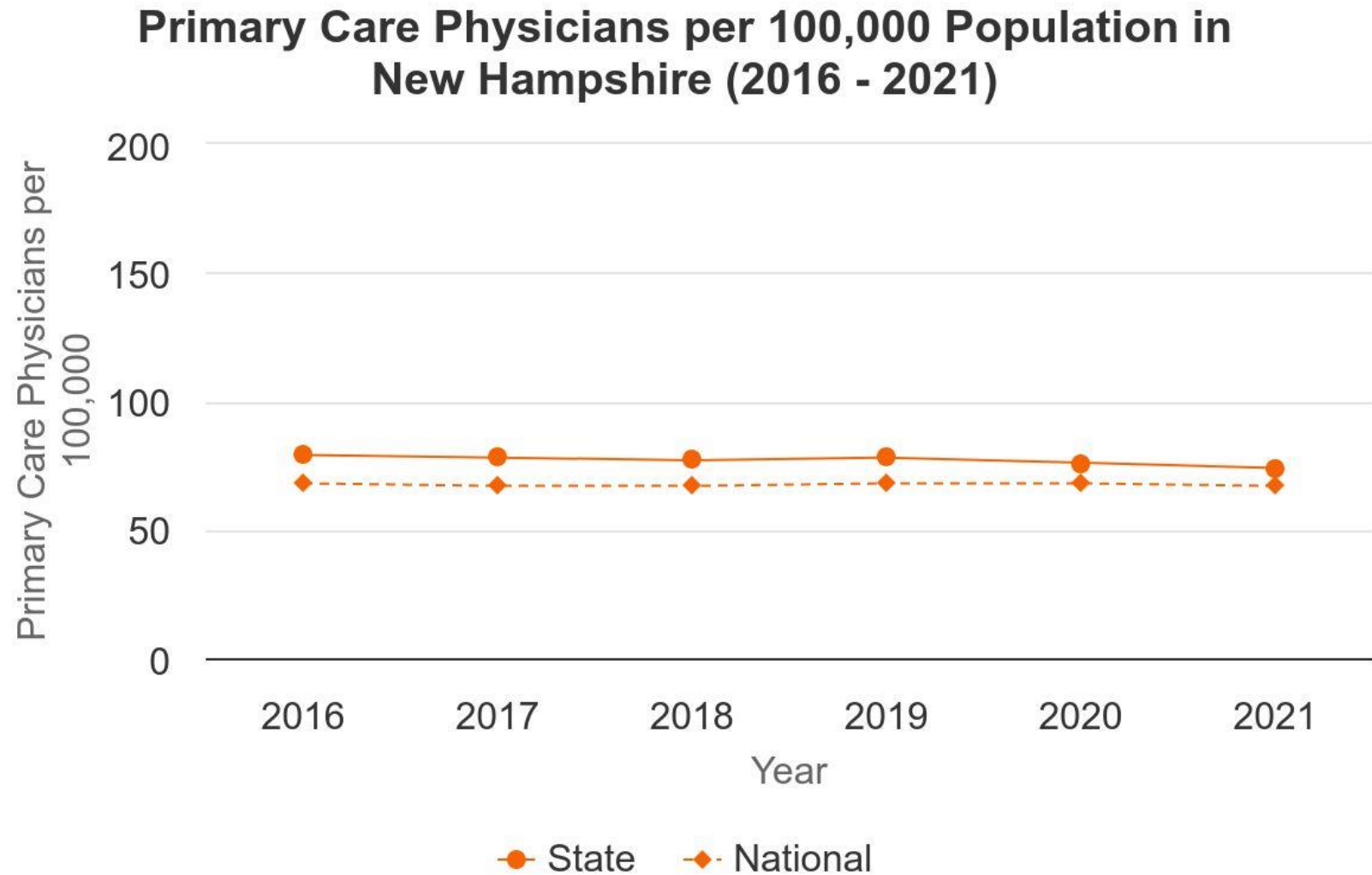


No support to  
study models of  
care delivery and  
payment  
solutions

# A better story in New Hampshire?

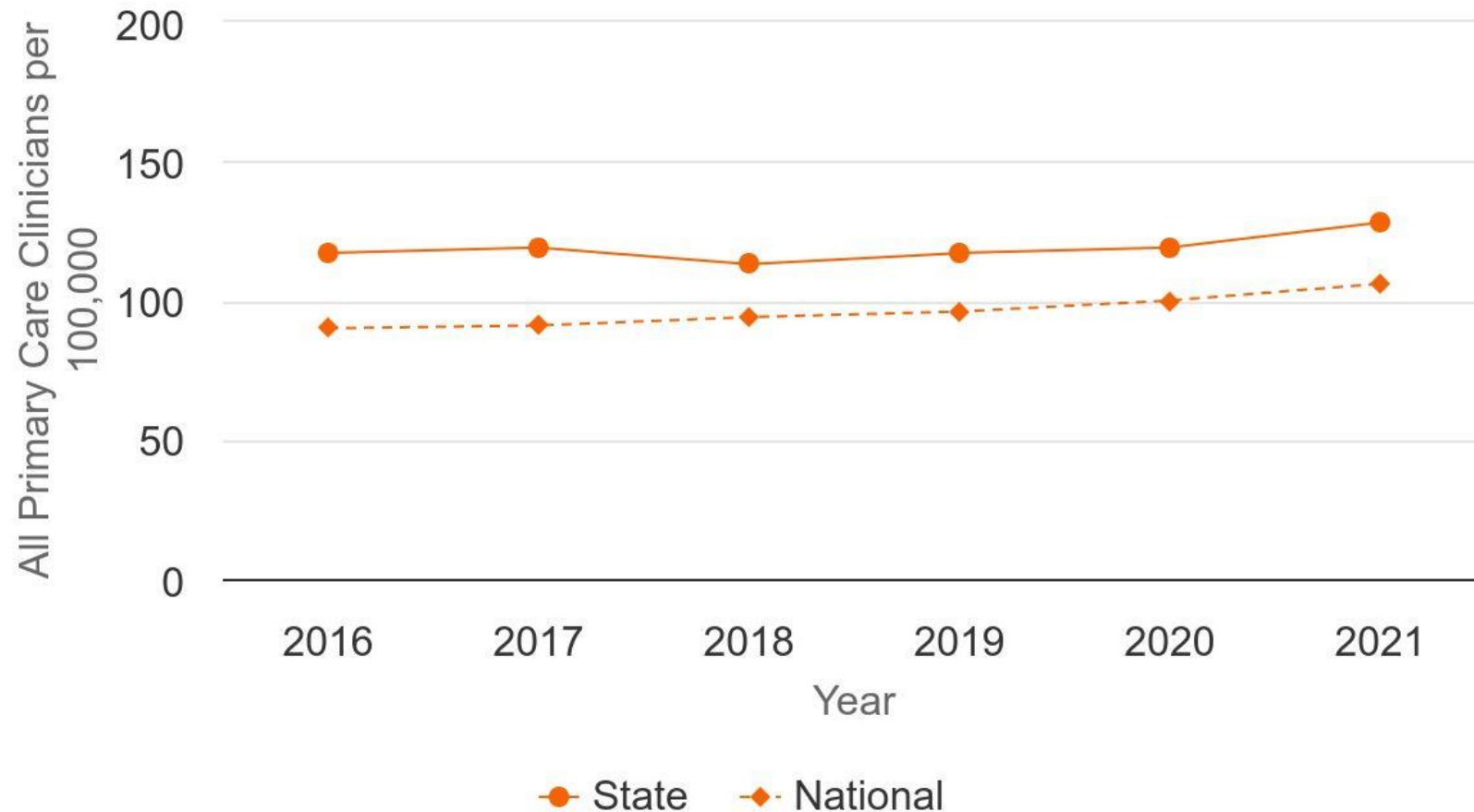


# Workforce- State



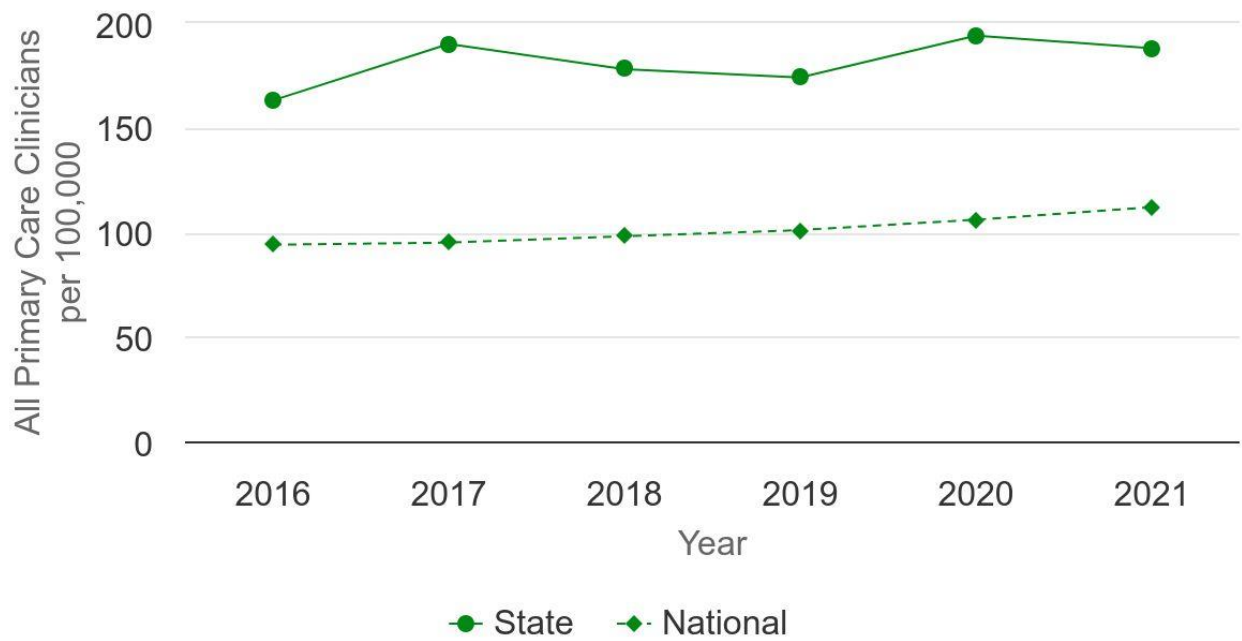
# Workforce- State

**All Primary Care Clinicians per 100,000 Population  
in New Hampshire (2016 - 2021)**

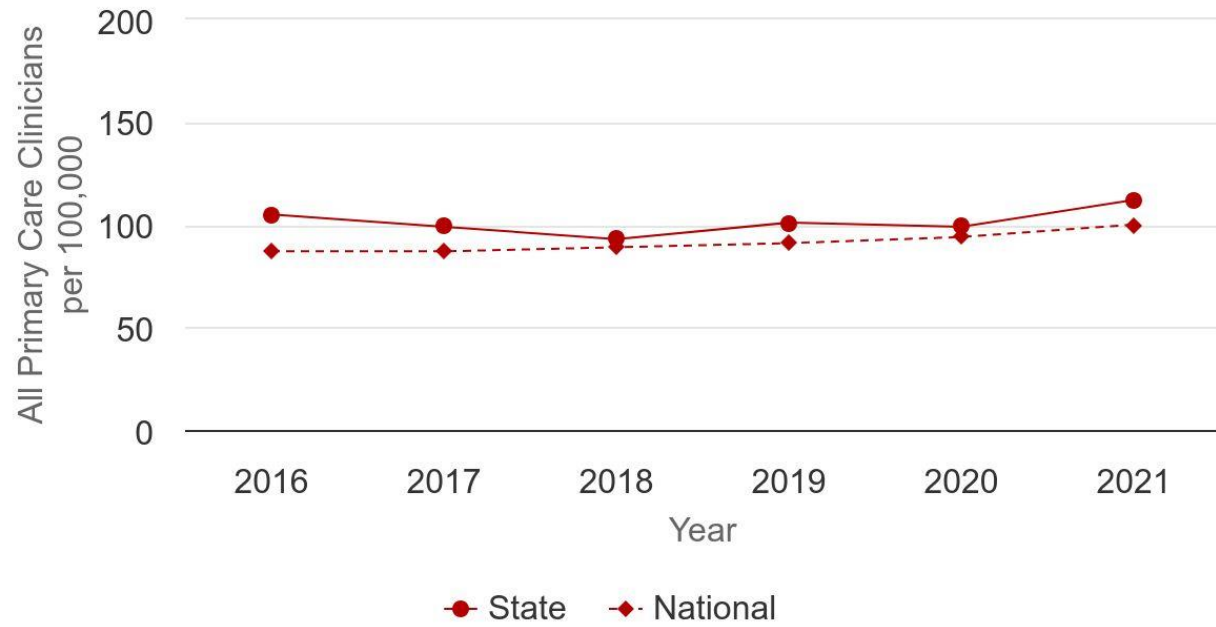


# Workforce- State

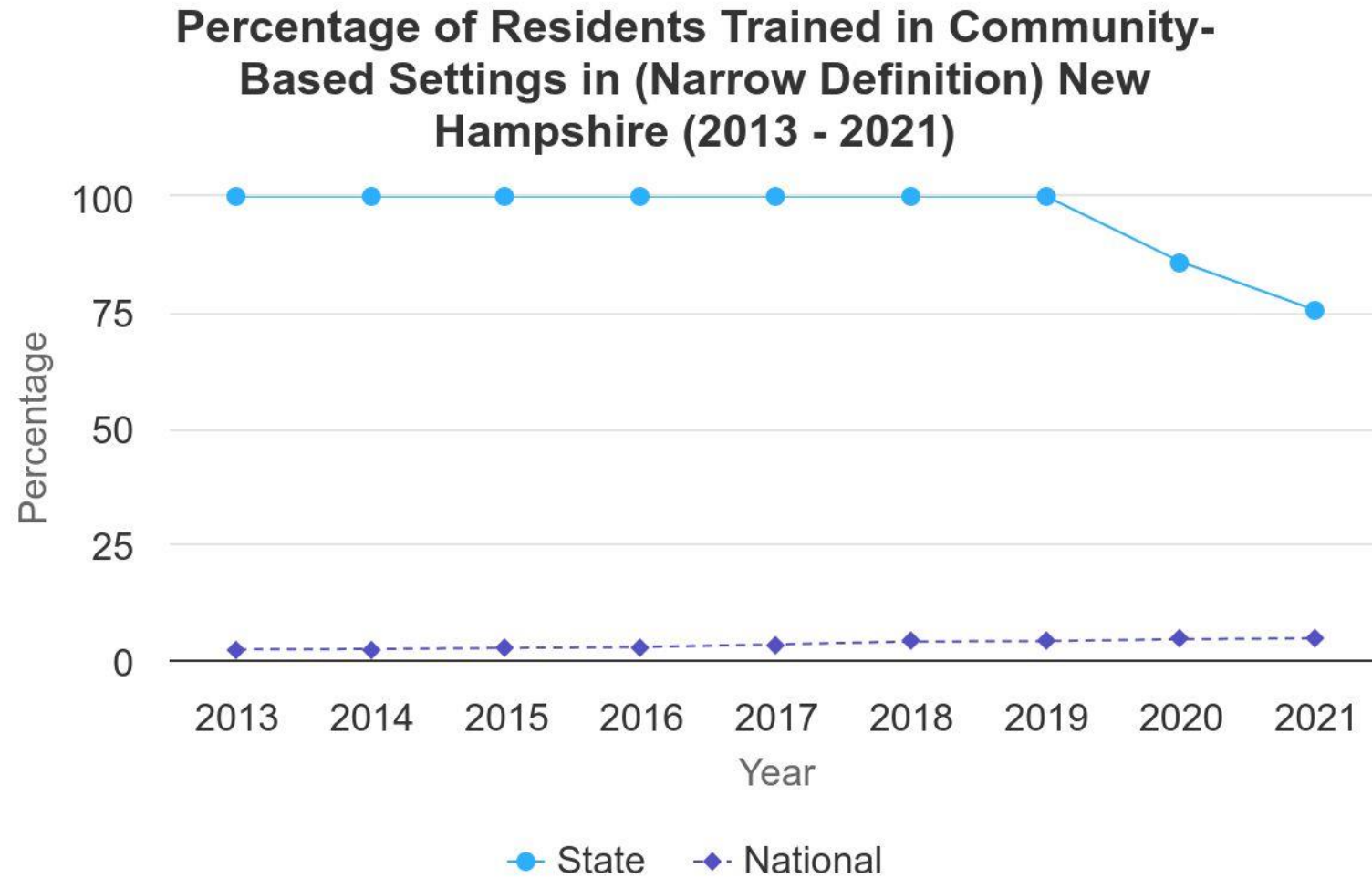
**All Primary Care Clinicians per 100,000 Population in Areas Above Median Social Deprivation Index in New Hampshire (2016 - 2021)**



**All Primary Care Clinicians per 100,000 Population in Areas Below Median Social Deprivation Index in New Hampshire (2016 - 2021)**

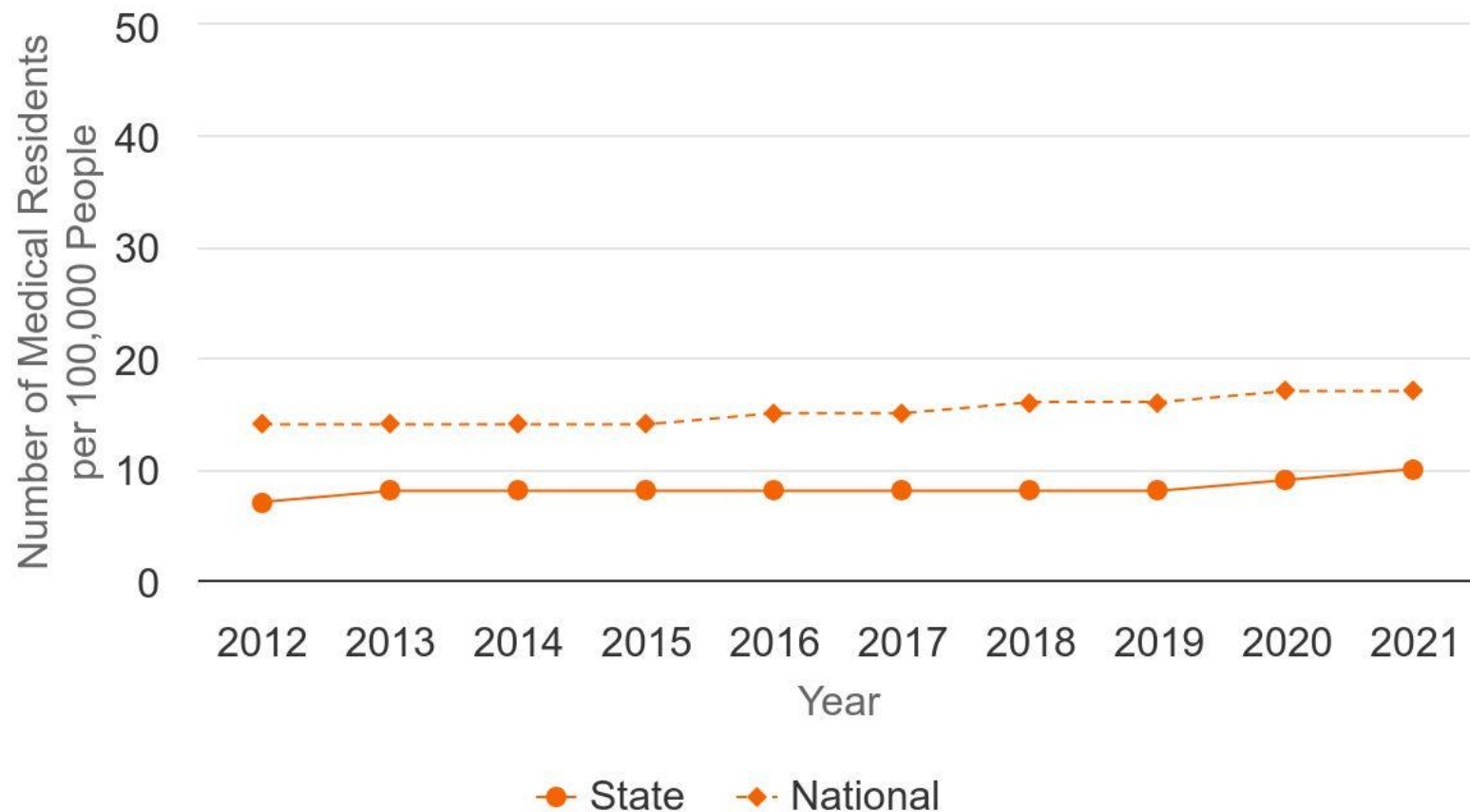


# Training- State



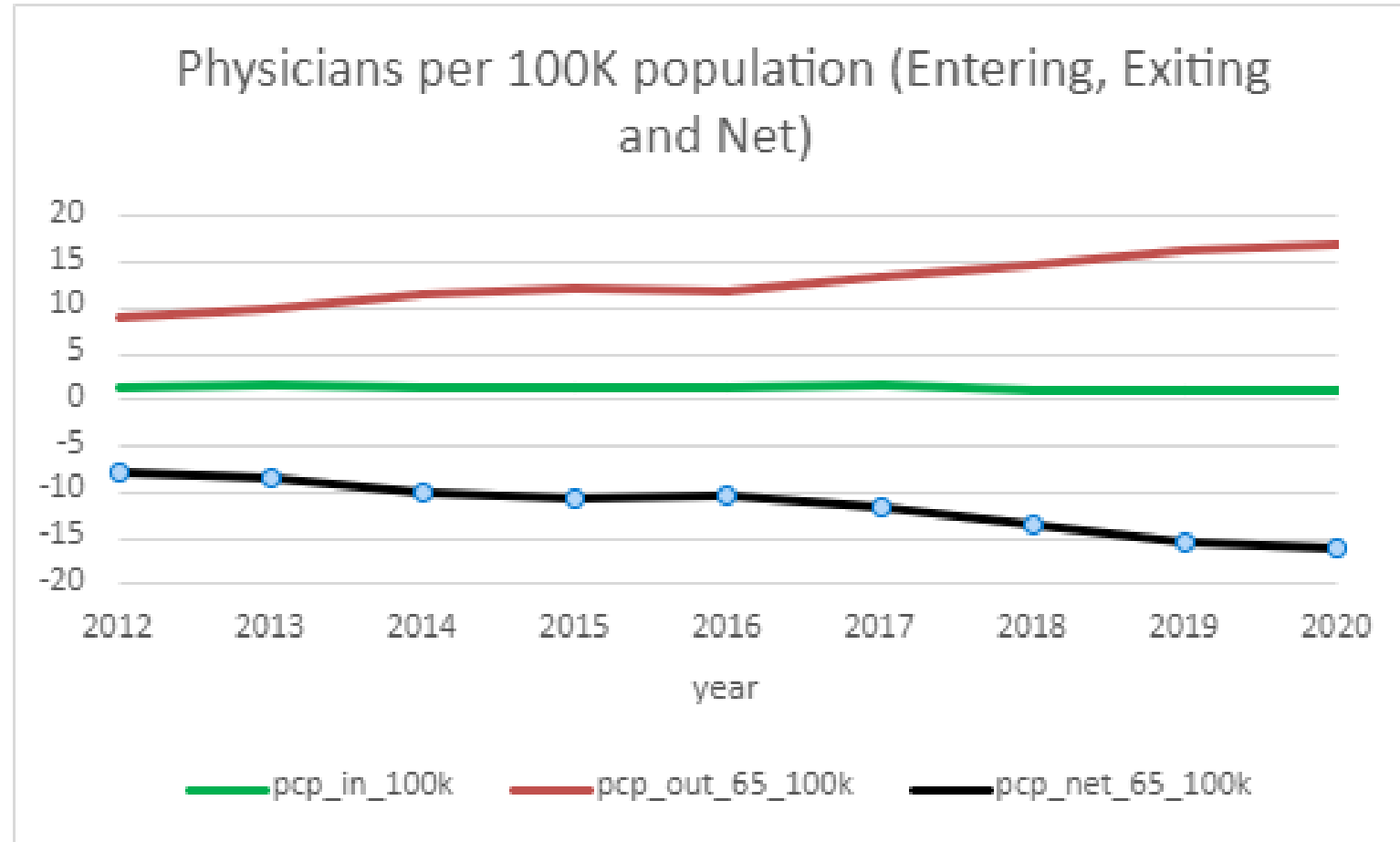
# Training- State

**Number of Primary Care Medical Residents per 100,000 People in New Hampshire (2012 - 2021)**





# A Glimpse into the Future



# Putting it all Together

- The primary care workforce is more robust in New Hampshire than the US overall
- The pathway to primary care in New Hampshire has room for growth
- Currently, the number of physicians of retirement age (and potentially exiting the workforce) is outpacing the number of primary care physicians entering the workforce

# Why Can't Anyone See You Now?



Reduce admin  
burden, shift  
payment policies  
to support teams



Invest in  
incentive  
programs,  
Redesign GME  
payment



Measure and  
Increase PC  
spend at the  
state level, Move  
away from FFS

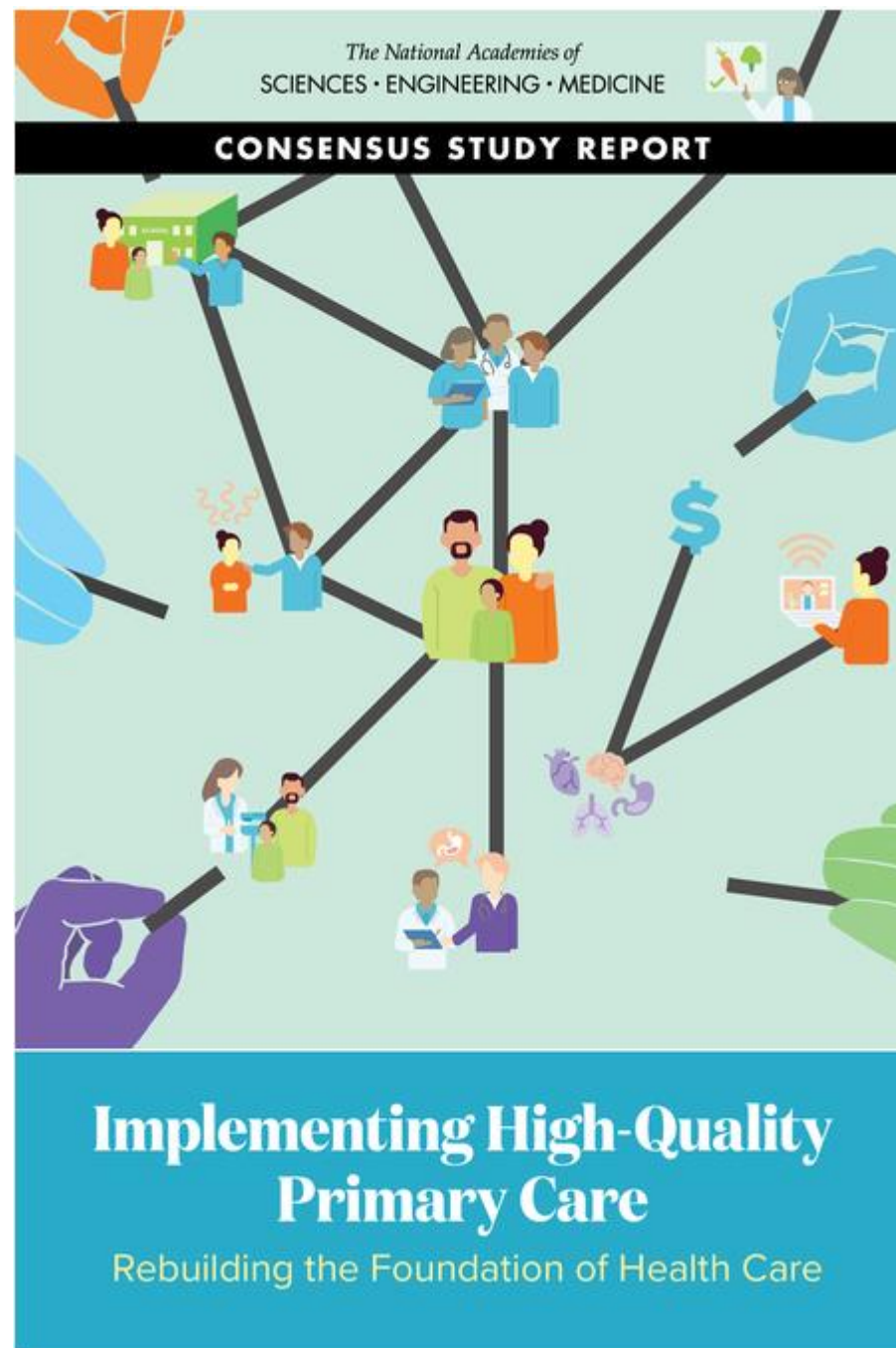


Develop digital  
health and  
certification  
standards that  
align with the  
functions of  
primary care



Advocate for  
increased funding  
opportunities for  
PC within NIH and  
other government  
agencies

# Read More



Thank you!

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